

ILLINOIS PROVIDER ENROLLMENT



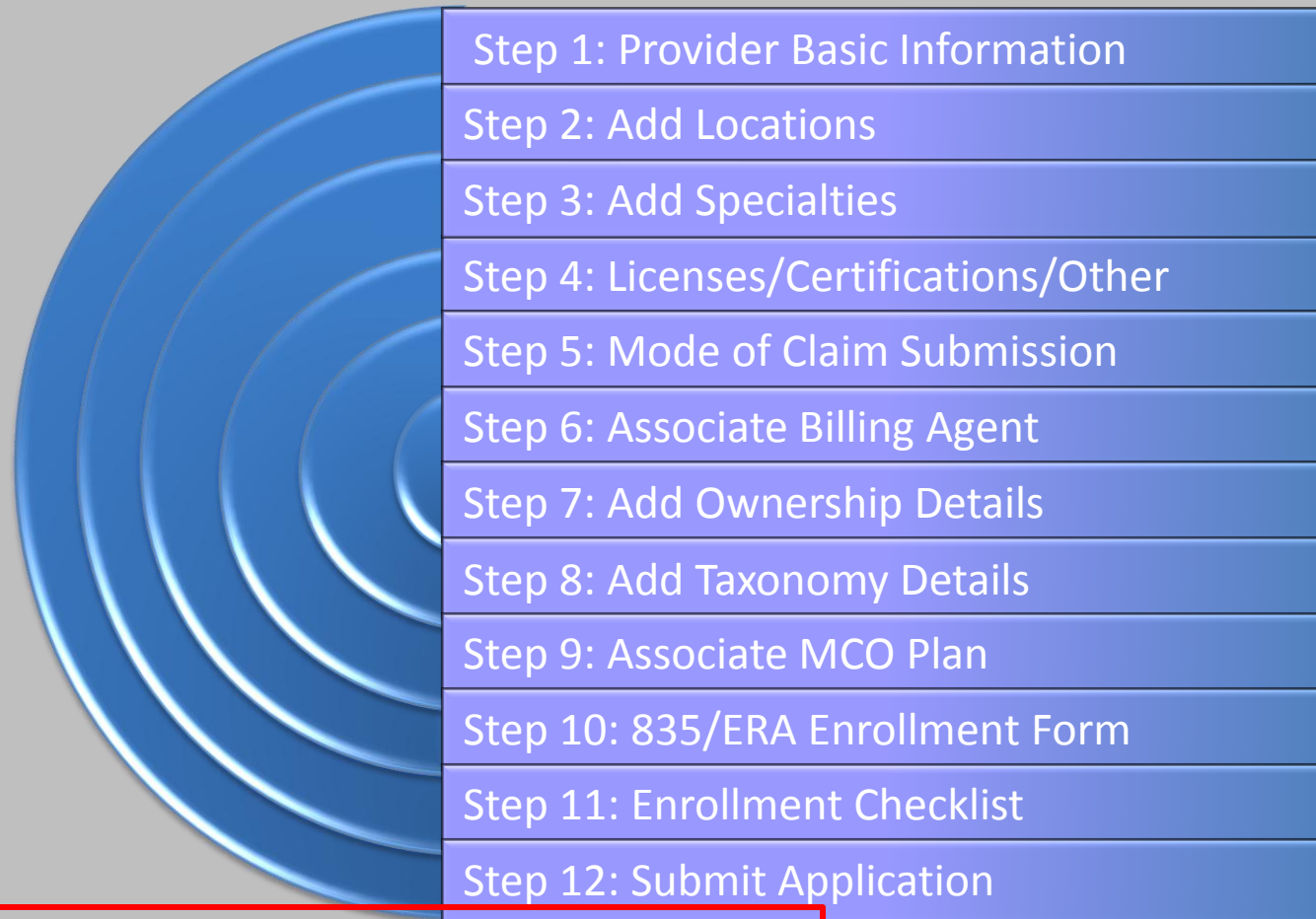
Facilities, Agencies, Organizations

- Introduction to IMPACT and Key Terms
- Application Process
- Resuming an Application
- Starting a New Application
- The Business Process Wizard (BPW)
- Completing the Application using BPW
- Reviewing Submitted Application
- Resources
- Questions & Answers

- **IMPACT** is a multi-agency effort to replace Illinois' 30-year-old Medicaid Management Information System (MMIS) with a web-based system that meets federal requirements, is more convenient for providers and increases efficiency by automating and expediting state agency processes.
- **Key Terms:**
 - Facility, Agency, Organization (FAO): An entity that provides health care services such as, hospitals, nursing facilities and laboratories. A type 2 NPI and licensing is required.
 - Revalidation: An FAO provider who was enrolled in the MMIS system and whose information was transferred to IMPACT.
 - Billing Agent: Submits Medicaid HIPAA compliant transactions or exchanges EPHI with Medicaid providers or other authorized parties. Also known as Clearing House, Software Vendor or Value Added Network (VAN).
 - MCO Plan: Health care plans that provide health care through a provider network. Sister Agencies will also be listed as an MCO. A sister agency is also known as a State Agency or a Waiver provider.
- **Enrollment Timeline:**
 - FAOs will need to enroll in or revalidate with IMPACT starting in August 2015.

NOTE: In order for a provider to associate to an FAO, the FAO application must be approved in IMPACT.

Application Process



Pressing any of the buttons below will skip to that step of the presentation

Pressing this button on any screen will bring you back to this menu.

Shortcut to Step:



Application Process


Manage your account

	Request Application Access		Update Profile
	Change Password		Update Security Q&A

Access your applications

- **IMPACT Provider Enrollment**

- After completing the sign-on, click on **IMPACT Provider Enrollment**.

	Provider Enrollment
New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

- In regards to completing an application, there are two options: New Enrollment or Resuming an application.

Shortcut to Step:



Resume an Application

Provider Enrollment	
New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

- To resume (or revalidate) an application, click on **Track Application**.
- The application number was either mailed out on a yellow card (revalidation) or sent to the listed email address (In-process application).

Close **Submit**

Track Existing Application


Please provide the Application ID to track your application.

→ Application ID: *


- Enter the Application ID for the application you want to access.
- After entering the ID number, click **Submit**.
- This process will then go directly to the Business Process Wizard (BPW).



Start New Application

	Provider Enrollment
New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

- If completing a new application, click on **New Enrollment**.

 **Enrollment Type**

Select the Applicable Enrollment Type

☐ Individual/Sole Proprietor

- ☐ Regular Individual/Sole Proprietor (Choose this option to be a Medicaid Individual/Sole Proprietor, you may participate in the EHR-MIPP.)
- ☐ EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP.)
- ☐ Managed Care Network Provider Only
- ☐ Managed Care Network Provider and EHR

☐ Group Practice (Corporation, Partnership, LLC, etc.)

☐ Billing Agent

☒ Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

☐ Atypical (non-medical) provider (Choose this option if you do not have a NPI)

- ☐ Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
- ☐ Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, etc.)

- Use the radio buttons to select your enrollment type, then click on **Submit** in the lower left corner.

Shortcut to Step:



1 2 3 4 5 6 7 8 9 10 11 12



Start New Application

(Step 1: Basic Provider Information)

*Please complete all fields. At a minimum, all fields with an * are required.*

 **Basic Information** 





Legal Entity Name: (As shown on the Income Tax Return)

Entity Business Name: * (Doing Business As) EIN/TIN: *

NPI: *

Contact Email Address:

Email-1: *
Email-2:
Email-3:

 Confirm  View Screening Result  Finish  Cancel

- After all the information has been entered click **Confirm**.
- Click **Finish** in the bottom right corner to complete this step.

Shortcut to Step:

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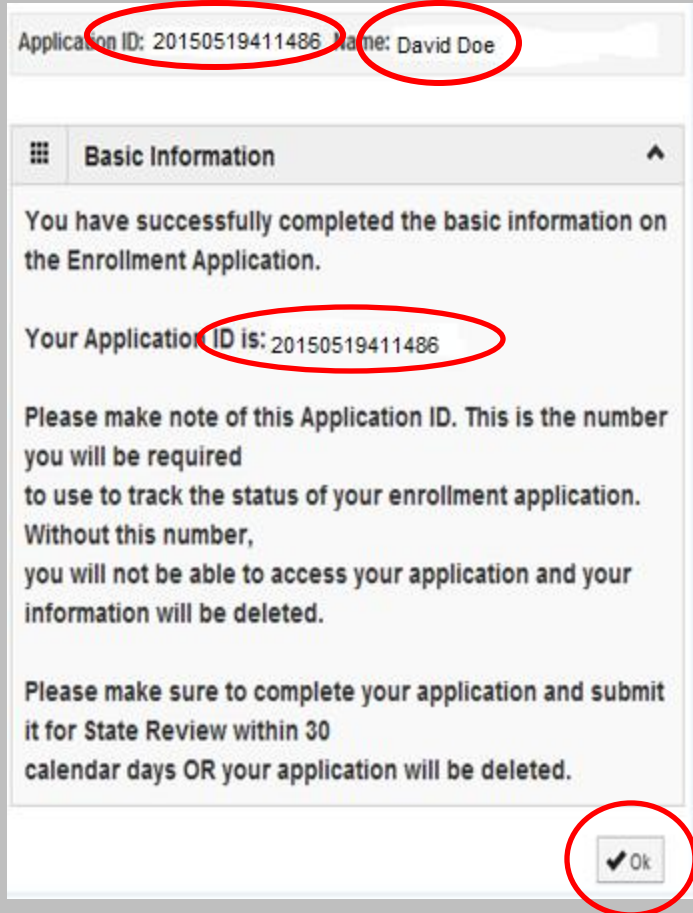
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Start New Application

(Step 1: Basic Provider Information)



Application ID: 20150519411486 Name: David Doe

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20150519411486

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

✓ Ok

- Application ID: systematically generated.
- Name: should reflect name from Basic Information.
- The system will generate an application ID after the successful completion of the Basic Information screen; the application number is a 14-digit number that has the following components:
 - The system date in yyymmdd format
 - A 6-digit system generated random number
 - Example: 20130514412598
- Application IDs are valid for 30 calendar days; applications must be completed and submitted to the state for review during this 30 day period or the application will be DELETED.
- The application ID will be used to access the application before submission to the state for review and will be used to track the status of your submitted application until it is marked approved.
- After documenting the ID number, click **OK**.

Shortcut to Step:

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Using the Business Process Wizard (BPW)

The BPW serves as the “Control Center” of the application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Page Count : 1 Viewing Page: 1

- **Required:** Steps listed as **Optional** may change to **Required** based upon previous steps.
- **Dates:** Entered by the system; **Start Date** is the date each step is opened, the **End Date** is the date each step is completed.
- **Status:** When a step is completed the **Status** will be updated to **Complete**; answering some checklist questions may change a prior step's status back to **Incomplete**.
- **Remarks:** **Remarks** are systematically generated throughout the enrollment process.

Shortcut to Step:



Completing the Application Using BPW

- Once you have documented your Application ID, you have completed Step 1: **Provider Basic Information**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Steps **1**, **2** and **3** must be completed in sequential order before attempting any of the later steps.
- Click on Step 2: **Add Locations** to continue completing your application.

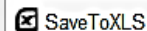
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

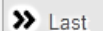
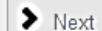
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Page Count : 1



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Shortcut to Step:

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Step 2: Add Locations

 Close  Add To add/modify Pay To and Correspondence addresses, click on Location Type hyperlink.

 **Locations List** 

Filter By   Go  Save Filters  My Filters 

 Doing Business As 	Location Type 	Location Details 	End Date 
No Records Found !			

- Click **Add** to input the Primary Practice Location address details.

Shortcut to Step:

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Step 2: Add Locations

*Please complete all fields. At a minimum, all fields with an * are required.*

Add Provider Location

Location Type: *

Doing Business As:

End Date:

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County:

Country: *

Zip Code: -

Phone Number: * Extn:

Fax Number:

Email Address:

Web Page:

Office Hours:

Communication Preference:

Handicap Accessible:

Accept 835(reported at EIN/TIN level):

Language(s) Spoken: (For Multiple Selection, use Ctrl Key)

Facility Details

State Facility ID:

Fiscal Year End Date: *
(mm/dd)

Licensed Medicaid Bed(s):

Total Beds:

- Enter the street address and zip code, then click **Validate Address**.
- When all information has been entered, click **OK** at the lower right corner.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12



Step 2: Add Locations

Close Add To add/modify Pay To and Correspondence addresses, click on Location Type hyperlink.

Locations List

Filter By Go Save Filters My Filters

	Doing Business As ▲▼	Location Type ▲▼	Location Details ▲▼	End Date ▲▼
<input checked="" type="checkbox"/>		Primary Practice Location	1234 Anywhere Lane Springfield, Illinois 62701-2459	12/31/2999

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- Click on the **Primary Practice Location** hyperlink to add each address for this location.
- The **Primary Practice Location** address requires a **Correspondence** and a **Pay To** address.

Shortcut to Step:

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#)



Step 2: Add Locations

To add additional addresses, click "Add Address" button.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice
 Phone Number: * Extn: Fax Number: Email Address:
 Web Page: Office Hours: Communication Preference:
 Handicap Accessible: Language(s) Spoken:
 Accept 835(reported at EIN/TIN level): (For Multiple Selection, use Ctrl Key)
 End Date:

Address List

<input type="checkbox"/>	Address Type ▲▼	Address ▲▼	End Date ▲▼
<input type="checkbox"/>	Location	123 Anywhere Lane Springfield, IL 62701	12/31/2999

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SaveToXLS

- Click on **Add Address** to input the additional addresses for the Primary Practice Location.



Shortcut to Step:

1 2 3 4 5 6 7 8 9 10 11 12



Step 2: Add Locations

Add Provider Location Address

Type of Address:  

Location Address: ☐ Copy This Location Address

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address validation successful

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

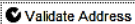
Address Line 3:


City/Town: *



State/Province: *

County:

Country: *

Zip Code: - 



- Choose type of address from the drop down menu.
- If the address you are entering is the same as the Location Address, then click the radio icon next to **Copy This Location Address**.
- If the address is not the same, enter the street address and zip code then click on **Validate address**.
- When all the information has been entered, click **OK**.
- Repeat these steps for each additional address type.

Step 2: Add Locations

Location Details

Doing Business As:

Location Code: 01

Location Type: Primary Practice Location

Phone Number: * Extn:

Fax Number:

Email Address:

Web Page:

Office Hours:

Communication Preference:

Handicap Accessible:

Language(s) Spoken:
(For Multiple Selection, use Ctrl Key)

Accept 835(reported at EIN/TIN level):

End Date:

Facility Details

State Facility ID:

Fiscal Year End Date: *

Licensed Medicaid Bed(s):

Total Beds:

Address List

Address Type ▲▼	Address ▲▼	End Date ▲▼
<input type="checkbox"/> Correspondence	123 Anywhere Lane Chicago, IL 60610	12/31/2999
<input type="checkbox"/> Location	123 Anywhere Lane Chicago, IL 60610	12/31/2999
<input type="checkbox"/> Pay To	123 Anywhere Lane Chicago, IL 60610	12/31/2999

- After all addresses have been entered click on **OK**.

Shortcut to Step:

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Step 2: Add Locations

To add/modify Pay To and Correspondence addresses, click on Location Type hyperlink.

Locations List

Filter By

<input type="checkbox"/>	Doing Business As ▲▼	Location Type ▲▼	Location Details ▲▼	End Date ▲▼
<input checked="" type="checkbox"/>		Primary Practice Location	1234 Anywhere Lane Springfield, Illinois 62701-2459	12/31/2999

View Page: Page Count : 1 Viewing Page: 1



- To list an Other Servicing Location address, click on **Add** and enter the address information for that location.
- For Other Servicing Location, in addition to the location address itself, a **Correspondence** address is also required.
- Once all location addresses have been entered, click on **Close**.

Business Process Wizard (BPW)

- You have completed Step 2: **Add Locations**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 3: **Add Specialties** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1  Page Count: 1  Viewing Page: 1

« First ◀ Prev ▶ Next » Last

Shortcut to Step:



Step 3: Add Specialties

The screenshot shows the 'Specialty/Subspecialty List' interface. At the top left, there are two buttons: 'Close' and 'Add'. The 'Add' button is circled in red. Below the buttons is a header bar with a grid icon and the title 'Specialty/Subspecialty List'. Under the header, there is a filter section with a 'Filter By' dropdown, two input fields, a 'Go' button, a 'Save Filters' button, and a 'My Filters' dropdown. Below the filter section is a table with three columns: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. Each column has a small icon (a square for the first, and triangles for the others) indicating it can be sorted. The table is currently empty, and a red message 'No Records Found !' is displayed at the bottom.

- Click on the **Add** button in the upper left corner.

Shortcut to Step:

1 2 3 4 5 6 7 8 9 10 11 12



Step 3: Add Specialties

Add Specialty/Subspecialty

Location: 01- *

Provider Type: --SELECT-- *

Specialty: *

End Date:

Add Subspecialty

Available Subspecialties

Associated Subspecialties *

»

«

OK

Cancel

- Select your **Provider Type** from the drop down.
- Select your **Specialty** from the drop down.

Shortcut to Step:

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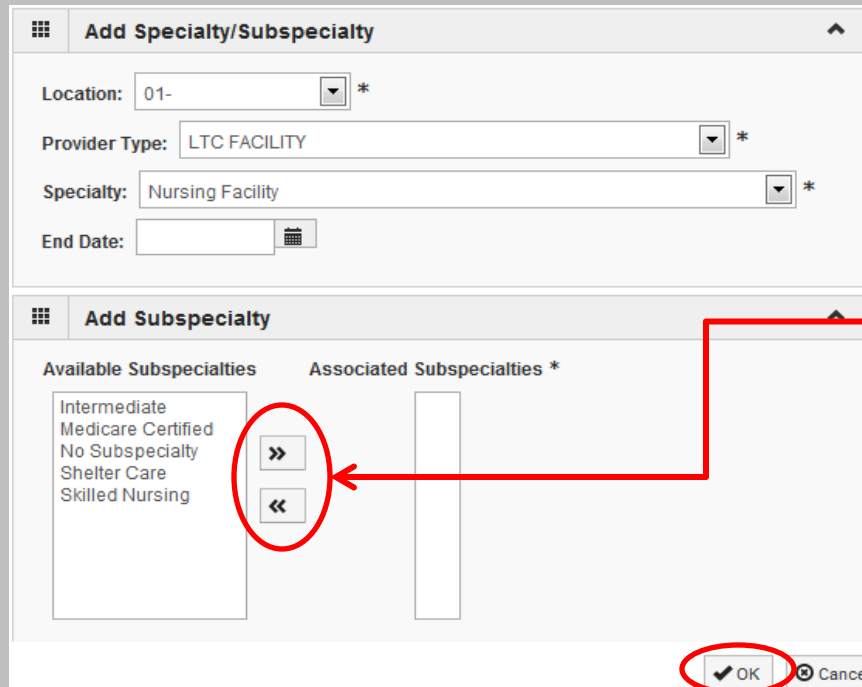
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12



Step 3: Add Specialties

- Once the Provider Type and the Specialty are selected, the Subspecialties will populate at the bottom of the screen in the **Available Subspecialties** box.
- The Provider must choose at least one Available Subspecialty (or No Subspecialty) if multiple selections are available.
- If only one choice is available, the system will preselect that selection.
- Once all desired selections are moved to the **Associated Subspecialties** box, click **OK** in the bottom right corner



Click on the Subspecialties then click on the **double arrows** to move the Subspecialties over to the **Associated Subspecialties** box.

Shortcut to Step:



Step 3: Add Specialties

Close
Add

Specialty/Subspecialty List

Filter By
Go
Save Filters
My Filters

<input type="checkbox"/>	Specialty/Subspecialty ▲▼	Provider Type ▲▼	End Date ▲▼
<input type="checkbox"/>	Community Health Agency/No Subspecialty	COMMUNITY HEALTH	12/31/2999

View Page: 1
Go
Page Count : 1
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

- If you have another Specialty to enter click the **Add** button in the top left corner and repeat the steps as needed.
- When all the Specialty information has been entered, click on **Close** to return to the BPW.

Business Process Wizard (BPW)

- You have completed Step 3: **Add Specialties**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 4: **Add Licenses/Certifications/Other** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.



Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	



View Page: 1 Page Count: 1 SaveToXLS Viewing Page: 1 << First < Prev Next > >> Last






Shortcut to Step:




Step 4: Add Licenses/Certifications/Other

 Close  Add

 **License/Certification/Other List** 

Filter By   Go  Save Filters  My Filters 

 License/Cert./Other Type ▲▼	License/Cert./Other # ▲▼	Location ▲▼	Valid Flag ▲▼	Effective Date ▲▼	End Date ▲▼
No Records Found !					

- Click on the **Add** button to begin adding Licenses and Certifications.

Shortcut to Step:

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Step 4: Add Licenses/Certifications/Other

Add License/Certification/Other

Location: 01- *
License/Certification/Other: *
License/Certification/Other #: *
Valid Flag:
Effective Date: *
End Date: *

Confirm License/Certification/Other OK Cancel

- Click the drop down menu next to **License/Certification Type** to select your License/Certification, then enter the **License/Certification Number** and **Effective Date** in the appropriate fields. Leave the **End Date** field blank.
- After all information is entered, click on **Confirm License/Certification**.
- Clicking this button will result in the License/Certification being validated and update the **Valid Flag** to **Yes** if it is verified to be authentic.
- Click **Ok**.

Shortcut to Step:



Step 4: Add Licenses/Certifications/Other

Close

Add

License/Certification/Other List

Filter By

And

Filter By

And Operational Status

Active

Go

Save Filters

My Filters

License/Cert./Other Type	License/Cert./Other #	Location	Valid Flag	Effective Date	End Date	Status	Operational Status	Inactivation Date
STATE PROFESSIONAL LICENSE	123456789	01-NPI Default Base Location	Yes	06/16/2015	07/31/2017	APPROVED	Active	

View Page: 1

Go

Page Count: 1

SaveToXLS

Viewing Page: 1

First

Prev

Next

Last



- If any additional Licenses/Certifications, click on the **Add** button in the top left corner and repeat the steps.
- Click **Close** once all Licenses/Certifications have been entered to return to the BPW.

Business Process Wizard (BPW)

- You have completed Step 4: **Add Licenses/Certifications/Other**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 5: **Add Mode of Claim Submission** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required	06/16/2015	06/16/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1  Page Count: 1  Viewing Page: 1

« First < Prev > Next » Last

Shortcut to Step:



Step 5: Mode of Claim Submission

EDI Exchange

A New Enrollment will need to complete the necessary external application at <http://www.myhfs.illinois.gov/> unless using a Billing Agent or submitting Paper Claims.

Mode ☐ Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

Method	Description	Applicable Transactions
<input checked="" type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS),270/271 -Eligibility Inquiry/Response, 276/277- Claim Status Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter),837D -Dental(FFS/Encounter), 270/271 - Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response,278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Other Claims Submission

Method	Description
<input checked="" type="checkbox"/> Paper Claims	To submit FFS paper claims
<input type="checkbox"/> Direct Data Entry(DDE)	To submit FFS claims via online screens

- Select any of the six options to indicate how you wish to process claims.
- Must select at least one option or claims will not be processed.
- After claim submission types have been selected click **OK**.

Shortcut to Step:

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12



Business Process Wizard (BPW)



- You have completed Step 5: **Add Mode of Claim Submission** The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 6: **Associate Billing Agent** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required	06/16/2015	06/16/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	06/16/2015	06/16/2015	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Go

Page Count: 1

SaveToXLS

Viewing Page: 1

First

Prev

Next

Last

Shortcut to Step:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12



Step 6: Associate Billing Agent

Close **Add**

Billing Agent List

Filter By

Go

Save Filters

My Filters

Billing Agent ID	Billing Agent Name	835 Authorization	Start Date	End Date
No Records Found !				

- Click **Add** to input a Billing Agent.

Shortcut to Step:

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Step 6: Associate Billing Agent

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: *

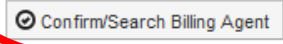


Association Start Date: *

 Billing Agent Name:

Association End Date:

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- Complete the Billing Agent information then click **Confirm/Search Billing Agent** and verify that the **Billing Agent Name** field is auto-populated with the correct agent.
- Click **OK** to return to the billing agent list.
- If the Billing Agent info is not known, click on **Confirm/Search Billing Agent** to locate the desired Billing Agent from the list.

Step 6: Associate Billing Agent

Billing Agent List

Filter By

Go

Save Filters

My Filters

	Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	7125716	AJAX Billing Agency	05/04/2015	12/31/2999
<input type="checkbox"/>	7125725	Memorial Hospital	05/04/2015	12/31/2999
<input type="checkbox"/>	7125879	NEBO	05/05/2015	12/31/2999
<input checked="" type="checkbox"/>	7125888	Availity	05/04/2015	12/31/2999
<input type="checkbox"/>	7126526	fly by night billing	05/20/2015	12/31/2999

View Page: 1

Go

Page Count: 1

SaveToXLS

Viewing Page: 1

<< First

< Prev

> Next

>> Last

- Use the **Filter By** drop down and choose an option to filter the list of available billing agents. (%) is the wild card function)
- After the desired Billing Agent is shown on the list, click the check box for that option, then click **Select**.

Shortcut to Step:



Step 6: Associate Billing Agent

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: *

Association Start Date: *

Billing Agent Name: Availability

Association End Date:

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- The chosen billing agent information will be populated. Verify that the information is correct then, click **OK** to return to the Billing Agent list.

Step 6: Associate Billing Agent

Close
Add

Billing Agent List

Filter By
Go
Save Filters
My Filters

	Billing Agent ID	Billing Agent Name	835 Authorization	Start Date	End Date
	7125888	Availity	No	05/21/2015	12/31/2999

Delete
View Page: 1
Go
Page Count : 1
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

- To associate to an additional Billing Agent, click **Add** and repeat the steps.
- When all billing agents have been entered, click **Close** to return to the BPW.

Shortcut to Step:

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Business Process Wizard (BPW)

- You have completed Step 6: **Associate Billing Agent** The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 7: **Add Provider Controlling Interest/Ownership Details** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required	06/16/2015	06/16/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	06/16/2015	06/16/2015	Complete	
Step 6: Associate Billing Agent	Required	06/16/2015	06/16/2015	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: Page Count: 1

Viewing Page: 1

Shortcut to Step:



Step 7: Controlling Interest/Ownership

The screenshot displays two sections of the IMPACT system interface. The top section is titled 'Owners List' and features a table with columns: Owner SSN/EIN/TIN, Owner Information, Type, Start Date, and End Date. Below the table, it states 'No Records Found!'. The bottom section is titled 'Add Other Owned Entity' and includes a sub-header 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.' It also has a table with columns: Other Owner EIN/TIN, Other Owner Information, and Address, followed by 'No Records Found!'. In the top left corner of the interface, there are 'Close' and 'Add' buttons; the 'Add' button is circled in red.

- Ownership entries must include at least one Managing Employee and one other Ownership type.
- To add Ownership listings, click on **Add**.

Step 7: Controlling Interest/Ownership

*Please complete all fields. At a minimum, all fields with an * are required.*

Provider Controlling Interest/Ownership

Type: * ⓘ

SSN: ← or → EIN/TIN: ←

Legal Entity Name:
(As shown on the Income Tax Return)

Entity Business Name:
(Doing Business As)

First Name:

Last Name:

Suffix:

DOB: ⓘ

Phone Number: * Extn:

Email:

Start Date: ⓘ *

End Date: ⓘ

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County:

Country: *

Zip Code: - ☒ Validate Address

☒ OK

- Either your **SSN** or **EIN/TIN** must be entered.
- Enter **Percentage Owned** as a whole number.
- Enter the street address and zip code information, then click **Validate Address**.
- When all details are entered, click **OK**.

Shortcut to Step:

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Step 7: Controlling Interest/Ownership

Owners List

Filter By [] [] Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Type	Start Date	End Date
123456789	Doe, Alberta	Managing Employee	05/15/2015	12/31/2999
987456321	Doe, David	Partnership	05/15/2015	12/31/2999

Delete View Page: 1 Go Page Count: 1 SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By [] [] Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

- Click **Add** and repeat the previous steps to list additional owners
- After all ownerships have been added, click the hyperlink for the owner listed to complete the relationship and adverse legal disclosure.
- This will need to be repeated for each listed owner.

Step 7: Controlling Interest/Ownership

Relationship

Filter By: [] [] [Go]

Save Filters | My Filters

Owner Name	Relationship	Modified Date	Operational Status
Sam Testing	Self	05/19/2015 12:42:59	Active

View Page: 1 | Page Count: 1 | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

Final Adverse Legal Actions/Convictions Disclosure

Question	Answer	Final Adverse Legal Action Imposed	Comments
Click the link "Final Adverse Legal Actions/Convictions Disclosure" to read and answer the disclosure.	Not Completed		

- Scroll down to the relationship section then, click **Add**.

Add Owner Relationship

Owner Name: --SELECT-- []

Relationship: --SELECT-- []

- From the first drop down list of **Owner Name**, choose an owner name.
- From the second drop down list of **Relationships**, choose how the chosen owner is related to the listed owner.
- Repeat this step until the relationship is set for each owner.
- When completed, click **OK** to return to the ownership listing.

Shortcut to Step:

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12



Step 7: Controlling Interest/Ownership

Relationship

☒ Inactivate

Filter By

Owner Name ▲▼	Relationship ▲▼	Modified Date ▲▼	Operational Status ▲▼
Sam Testing	Self	05/19/2015 12:42:59	Active

View Page: Page Count: 1 Viewing Page: 1

Final Adverse Legal Actions/Convictions Disclosure

Question	Answer	Final Adverse Legal Action Imposed	Comments
Click the link " Final Adverse Legal Actions/Convictions Disclosure " to read and answer the disclosure.	Not Completed		

- Scroll down and click on the ***Final Adverse Legal Actions/Convictions Disclosure*** hyperlink.

Step 7: Controlling Interest/Ownership

Application ID 20150520803272 Name: Test Billing Agent

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

CONVICTIONS

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries. Offenses include: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any felonies that would result in a mandatory exclusion under Section 1128(a) of the Social Security Act.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

EXCLUSIONS, REVOCATIONS, or SUSPENSIONS

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

1. Have you, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against you? ☐ Yes ☒ No

Comments (optional):

- With regards to the chosen Owner, read through the listed information and answer the question and enter comments if desired.
- Click **OK** when completed.
- Repeat these steps for each listed Owner.

Shortcut to Step:

1

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Step 7: Controlling Interest/Ownership

Close Add

Owners List

Filter By Go Save Filters My Filters

<input type="checkbox"/>	Owner SSN/EIN/TIN ▲▼	Owner Information ▲▼	Type ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/>	123456789	Doe, Alberta	Managing Employee	05/15/2015	12/31/2999
<input type="checkbox"/>	987456321	Doe, David	Partnership	05/15/2015	12/31/2999

Delete View Page: 1 Go Page Count: 1 SaveToXLS Viewing Page: 1 << First < Prev Next > >> Last

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By Go Save Filters My Filters

<input type="checkbox"/>	Other Owner EIN/TIN ▲▼	Other Owner Information ▲▼	Address ▲▼
No Records Found !			

- It is required that ownership of 5% or more in any other Medicaid/Medicare entity be entered.
- To enter Ownership details in another Medicaid/Medicare Entity, click on **Add Other Owned Entity**.



Step 7: Controlling Interest/Ownership

Provider Controlling Interest/Ownership in Other Medicaid/Medicare Entities

Type: Other Medicaid/Medicare Entity

Percentage Owned: *

EIN/TIN: *

Legal Entity Name: *
(As shown on the Income Tax Return)

Entity Business Name: *
(Doing Business As)

Phone Number: * Extn:

Email:

Start Date: *

End Date:

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER *

State/Province: OTHER *

County: OTHER

Country: UNITED STATES *

Zip Code: -

- After entering the street address and zip code, click **Validate Address**.
- When all information is complete, click **OK**.
- Repeat these steps to add ownership in another Medicaid/Medicare Entity.

Shortcut to Step:

1 2 3 4 5 6 7 8 9 10 11 12



Step 7: Controlling Interest/Ownership

 Close

 Add

Owners List					
Filter By				Go	
				Save Filters	My Filters
Owner SSN/EIN/TIN	Owner Information		Type	Start Date	End Date
111111111	Doe, David		Managing Employee	06/02/2015	12/31/2999
222222222	Doe, Sam		Individual/Sole Proprietor	06/02/2015	12/31/2999
Delete		View Page: 1	Go	Page Count : 1	SaveToXLS
			Viewing Page: 1		First Prev Next Last

Add Other Owned Entity		
List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.		
Filter By		Go
		Save Filters My Filters
Other Owner EIN/TIN	Other Owner Information	Address
123456789	Department of Human Services	123 Anywhere Lane Chicago, IL 60601
Delete		View Page: 1
Go		Page Count : 1
		SaveToXLS
		Viewing Page: 1
		First Prev Next Last

- When all ownerships for this location and ownership information in other entities is complete, click **Close**.

Shortcut to Step:

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



Business Process Wizard (BPW)

- You have completed Step 7: **Add Provider Controlling Interest/Ownership Details**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 8: **Add Taxonomy Details** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required	06/16/2015	06/16/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	06/16/2015	06/16/2015	Complete	
Step 6: Associate Billing Agent	Required	06/16/2015	06/16/2015	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/16/2015	06/16/2015	Complete	
Step 8: Add Taxonomy Details ←	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1  Page Count : 1  Viewing Page: 1    

Shortcut to Step:



Step 8: Add Taxonomy Details

Add Taxonomy

Taxonomy Code:
*

Location:
01-Doeceedoe
*

(Click here for Taxonomy List)

→
Description:



Start Date:
*


End Date:
*

Confirm Taxonomy
Ok
Cancel

- To add new Taxonomy Details, enter the **Taxonomy Code** and the **Start Date**.
- Click on **Confirm Taxonomy** and verify **Description** is populated correctly.
- Click on **OK** to finalize the submission.


Step 8: Add Taxonomy Details


 Add Taxonomy 


Taxonomy Code: * 


(Click here for Taxonomy List)


Description:


Start Date:  *

End Date: 

Location:  *

 Confirm Taxonomy

 Ok

 Cancel

- If the code is not known, click on the ◀ to the right of the box to access The National Uniform Claim Committee Taxonomy Code list. This will open a web browser window.
- At least one of the Taxonomy Codes entered in IMPACT must be the Taxonomy Code registered with the National Plan and Provider Enumeration System (NPPES).

Shortcut to Step:

[1](#)[2](#)[3](#)[4](#)[5](#)[6](#)[7](#)[8](#)[9](#)[10](#)[11](#)[12](#)

Step 8: Add Taxonomy Details

NUCC
National Uniform Claim Committee

SEARCH

Search this site ...

Home Announcements NUCC Structure Calendar 1500 Claim Form Code Sets Resources

Open All

Code titles with a sign expand when you click on them. You can expand the entire list by clicking the "Open All" link above. Expand the code list to view the more detailed codes. Use your browser's find feature (Ctrl-F) after expansion to search for values. Taxonomy codes are self-selected. Choose the code that best identifies you as a provider.

Individual or Groups (of Individuals)
 Non-individual

Clicking a [definition] link to the left displays code value definitions, when available, and additional information about the selected code in this space.

If you are unable to find a code to meet your need:

- [Submit a Question](#)
- [More Information](#)

- In the web browser window that opens will be a list of provider types.
- Click **+** next to the appropriate provider type for your enrollment.

Shortcut to Step:

1

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Step 8: Add Taxonomy Details

[Home](#)
[Announcements](#)
[NUCC Structure](#)
[Calendar](#)
[1500 Claim Form](#)
[Code Sets](#)
[Resources](#)

Open All

Code titles with a  sign expand when you click on them. You can expand the entire list by clicking the "Open All" link above. Expand the code list to view the more detailed codes. Use your browser's find feature (Ctrl-F) after expansion to search for values. Taxonomy codes are self-selected. Choose the code that best identifies you as a provider.

-  Individual or Groups (of Individuals)
 -  Group [\[definition\]](#)
 -  Allopathic & Osteopathic Physicians [\[definition\]](#)
 -  Behavioral Health & Social Service Providers [\[definition\]](#)
 -  Chiropractic Providers [\[definition\]](#)
 -  Dental Providers [\[definition\]](#)
 -  Dietary & Nutritional Service Providers [\[definition\]](#)
 -  Emergency Medical Service Providers [\[definition\]](#)
 -  Eye and Vision Services Providers [\[definition\]](#)
 -  Nursing Service Providers [\[definition\]](#)
 -  Nursing Service Related Providers [\[definition\]](#)
 -  Other Service Providers [\[definition\]](#)
 -  Pharmacy Service Providers [\[definition\]](#)
 -  Physician Assistants & Advanced Practice Nursing Providers [\[definition\]](#)
 -  Podiatric Medicine & Surgery Service Providers [\[definition\]](#)
 -  Respiratory, Developmental, Rehabilitative and Restorative Service Providers [\[definition\]](#)
 -  Speech, Language and Hearing Service Providers [\[definition\]](#)
 -  Student, Health Care [\[definition\]](#)
 -  Technologists, Technicians & Other Technical Service Providers [\[definition\]](#)
-  Non-individual

Clicking a [\[definition\]](#) link to the left displays code value definitions, when available, and additional information about the selected code in this space.

If you are unable to find a code to meet your need:

- [Submit a Question](#)
- [More Information](#)

- Click on the **+** next to the appropriate profession listed under the heading which you previously selected.

Shortcut to Step:

[1](#)
[2](#)
[3](#)
[4](#)
[5](#)
[6](#)
[7](#)
[8](#)
[9](#)
[10](#)
[11](#)
[12](#)




Step 8: Add Taxonomy Details

National Uniform Claim Committee

Home Announcements NUCC Structure Calendar 1500 Claim Form Code Sets

Open All

Code titles with a  sign expand when you click on them. You can expand the entire list by clicking the "Open All" link above. Expand the code list to view the more detailed codes. Use your browser's find feature (Ctrl-F) after expansion to search for values. Taxonomy codes are self-selected. Choose the code that best identifies you as a provider.

- ☒ Individual or Groups (of Individuals)
 - ☒ Group [\[definition\]](#)
 - ☒ Multi-Specialty - **193200000X** [\[definition\]](#)
 - ☒ Single Specialty - **193400000X** [\[definition\]](#)
 - ☒ Allopathic & Osteopathic Physicians [\[definition\]](#)
 - ☒ Behavioral Health & Social Service Providers [\[definition\]](#)
 - ☒ Chiropractic Providers [\[definition\]](#)
 - ☒ Dental Providers [\[definition\]](#)
 - ☒ Dietary & Nutritional Service Providers [\[definition\]](#)
 - ☒ Emergency Medical Service Providers [\[definition\]](#)
 - ☒ Eye and Vision Services Providers [\[definition\]](#)
 - ☒ Nursing Service Providers [\[definition\]](#)
 - ☒ Nursing Service Related Providers [\[definition\]](#)
 - ☒ Other Service Providers [\[definition\]](#)
 - ☒ Pharmacy Service Providers [\[definition\]](#)
 - ☒ Physician Assistants & Advanced Practice Nursing Providers [\[definition\]](#)
 - ☒ Podiatric Medicine & Surgery Service Providers [\[definition\]](#)
 - ☒ Respiratory, Developmental, Rehabilitative and Restorative Service Providers [\[definition\]](#)
 - ☒ Speech, Language and Hearing Service Providers [\[definition\]](#)
 - ☒ Student, Health Care [\[definition\]](#)
 - ☒ Technologists, Technicians & Other Technical Service Providers [\[definition\]](#)
- ☒ Non-individual

- Choose and write down your **Taxonomy Code**, then click the **X** on the top right of the page.

Shortcut to Step:

1 2 3 4 5 6 7 8 9 10 11 12



Step 8: Add Taxonomy Details

Add Taxonomy

Taxonomy Code:
*

Location:
*

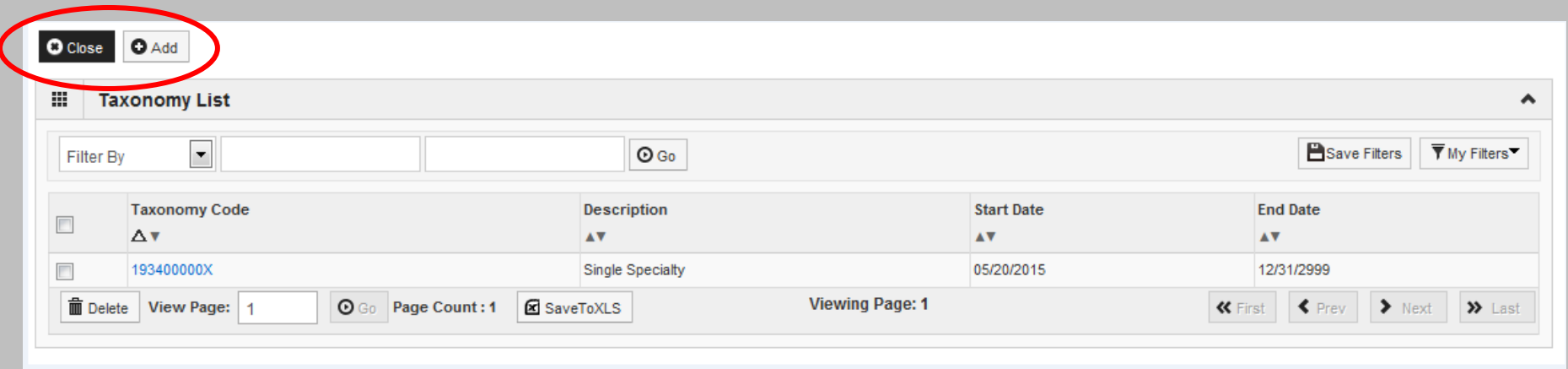
Description:
Single Speciality

Start Date:
*

End Date:

- Enter the **Taxonomy Code** and the **Start Date**.
- Click on **Confirm Taxonomy** and verify **Description** is populated correctly.
- Click on **OK** to finalize the submission.

Step 8: Add Taxonomy Details



The screenshot shows the 'Taxonomy List' interface. At the top left, there are two buttons: 'Close' and 'Add'. The 'Add' button is highlighted with a red circle. Below the buttons is a search bar with 'Filter By' and a 'Go' button. To the right of the search bar are 'Save Filters' and 'My Filters' buttons. The main area contains a table with the following columns: Taxonomy Code, Description, Start Date, and End Date. The first row of data shows '193400000X' for the Taxonomy Code, 'Single Specialty' for the Description, '05/20/2015' for the Start Date, and '12/31/2999' for the End Date. At the bottom, there is a 'Delete' button, a 'View Page: 1' dropdown, a 'Go' button, a 'Page Count: 1' label, a 'SaveToXLS' button, and a 'Viewing Page: 1' label. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

Taxonomy Code	Description	Start Date	End Date
193400000X	Single Specialty	05/20/2015	12/31/2999


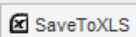




- Repeat the steps by clicking on the **Add** button for any additional Taxonomy Codes that need to be entered.
- Otherwise, click on the **Close** button in the upper left corner.

Business Process Wizard (BPW)

- You have completed Step 8: **Add Taxonomy Details**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 9: **Associate MCO Plan** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required	06/16/2015	06/16/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	06/16/2015	06/16/2015	Complete	
Step 6: Associate Billing Agent	Required	06/16/2015	06/16/2015	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/16/2015	06/16/2015	Complete	
Step 8: Add Taxonomy Details	Required	06/16/2015	06/16/2015	Complete	
Step 9: Associate MCO Plan	Optional			Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1  Page Count : 1  Viewing Page: 1    

Shortcut to Step:

1 2 3 4 5 6 7 8 9 10 11 12



Step 9: Associate MCO Plan

Close
Add

MCO Plan List

Filter By
Go
Save Filters
My Filters

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date	Program Code Description
No Records Found !							



- Click **Add** to associate a MCO plan for which there is a current valid contract.
- Specific MCO plans can be added only once to the application.

Shortcut to Step:

1
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3
4
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Step 9: Associate MCO Plan


 Associate MCO Plan 


Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered
Please associate only to plans with which you have a signed contract




Plan ID: *

Plan Name:

Program Code Description:

Association Start Date:  *

Association End Date: 

 Confirm/Search Plan  Ok  Cancel

- Enter a **Plan ID** and **Association Start Date** (or, the date of the application).
- **End Date**: Leave blank.
- Click **Confirm/Search Plan** and verify the **Plan Name** populated correctly then, click **OK**.
- If the MCO Plan information is not known, click on **Confirm/Search Plan**.

Step 9: Associate MCO Plan

MCO Plan Search List

Filter By

Go

Save Filters

My Filters

	Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Program Code Description
<input checked="" type="checkbox"/>	7126080	Blue Cross Blue Shield IL FHP	Active	01/01/2015	12/31/2999	Family Health Plan/Affordable Care Act
<input type="checkbox"/>	7126393	Meridan Health Plan INC VMC	Active	05/14/2015	12/31/2999	Family Health Plan/Affordable Care Act
<input type="checkbox"/>	7126400	HARMONY HEALTH PLAN IL INC VMC	Active	05/14/2015	12/31/2999	Family Health Plan/Affordable Care Act

View Page: 1

Go

Page Count : 1

SaveToXLS

Viewing Page: 1

First



Prev

Next



Last

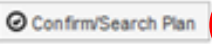

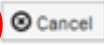
- Utilize the **Filter By** drop down and enter the desired information to filter the list of available MCO plans. (% is a wild card).
- Review the entries and click on the checkbox next to the line with the desired MCO information.
- Click **Select** to return to the MCO summary screen.

Step 9: Associate MCO Plan

 Associate MCO Plan 

Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered
Please associate only to plans with which you have a signed contract

Plan ID:	<input type="text" value="10005269"/> *	Plan Name:	
Association Start Date:	<input type="text" value="05/01/2015"/>  *	Program Code Description:	
		Association End Date:	<input type="text" value="12/31/2999"/> 

- The chosen MCO plan information should be populated. Verify it is correct then click **OK**.

Step 9: Associate MCO Plan

Close
Add

MCO Plan List

Filter By

Go
Save Filters
My Filters

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date	Program Code Description
7126080	Blue Cross Blue Shield IL FHP	Active	01/01/2015	12/31/2999	05/21/2015	12/31/2999	Family Health Plan/Affordable Care Act

Delete
View Page: 1
Go
Page Count: 1
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

- Click **Add** to Associate to an additional MCO Plan.
- When all MCO Plans have been entered, click **Close** to return to the BPW.

Business Process Wizard (BPW)

- You have completed Step 9: **Associate MCO Plan** . The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 10: **835/ERA Enrollment Form** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required	06/16/2015	06/16/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	06/16/2015	06/16/2015	Complete	
Step 6: Associate Billing Agent	Required	06/16/2015	06/16/2015	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/16/2015	06/16/2015	Complete	
Step 8: Add Taxonomy Details	Required	06/16/2015	06/16/2015	Complete	
Step 9: Associate MCO Plan	Optional	06/16/2015	06/16/2015	Complete	
Step 10: 835/ERA Enrollment Form ←	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1



Page Count : 1



Viewing Page: 1



Shortcut to Step:

1

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12



Step 10: Complete 835/ERA

Please complete this section once you have completed the enrollment steps found at <http://www.myhfs.illinois.gov/> if you wish to participate in 835/ERA, otherwise close this step.

Close Submit Print Help

PROVIDER CONTACT INFORMATION

Provider Contact Name

Contact: David Doe

Title: Managing Employee

☐

Telephone Number: 8631234567

Telephone Number Extension:

Email Address: abc@abc.com

Fax Number:

PROVIDER AGENT INFORMATION

Provider Agent Name:

Agent Address

Street:

City:

Country Code:

State/Province:

Zip Code/Postal Code:

Provider Agent Contact Name

Provider Agent Contact Name:

Title:

Telephone Number:

Telephone Number Extension:

Email Address:

Fax Number:

FEDERAL AGENCY INFORMATION (Not applicable at this time)

Federal Program Agency Name:


Federal Program Agency Identifier:

Federal Agency Location Code:

- Verify the generated information and complete information if needed.
- Use the scroll bar to move down the page.

Shortcut to Step:

1 2 3 4 5 6 7 8 9 10 11 12



Step 10: Complete 835/ERA

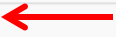
Close Submit Print Help

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data(e.g., Account Number Linkage to Provider Identifier)

☐ NPI ☒ TAX ID *

MI Medicaid enumerates by Tax ID only.

Method of Retrieval: CORE * 

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Not applicable at this time)

ClearingHouse Name:

ClearingHouse Contact Name

ClearingHouse Contact Name: Telephone Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION (Not applicable at this time)

Vendor Name:

Vendor Contact

Vendor Contact Name: Telephone Number:

Email Address:

SUBMISSION INFORMATION

Reason for Submission

☐ Cancel Enrollment ☐ Change Enrollment ☒ New Enrollment *

- Select your method of retrieval from the drop-down menu.
- Scroll down further.

Shortcut to Step:

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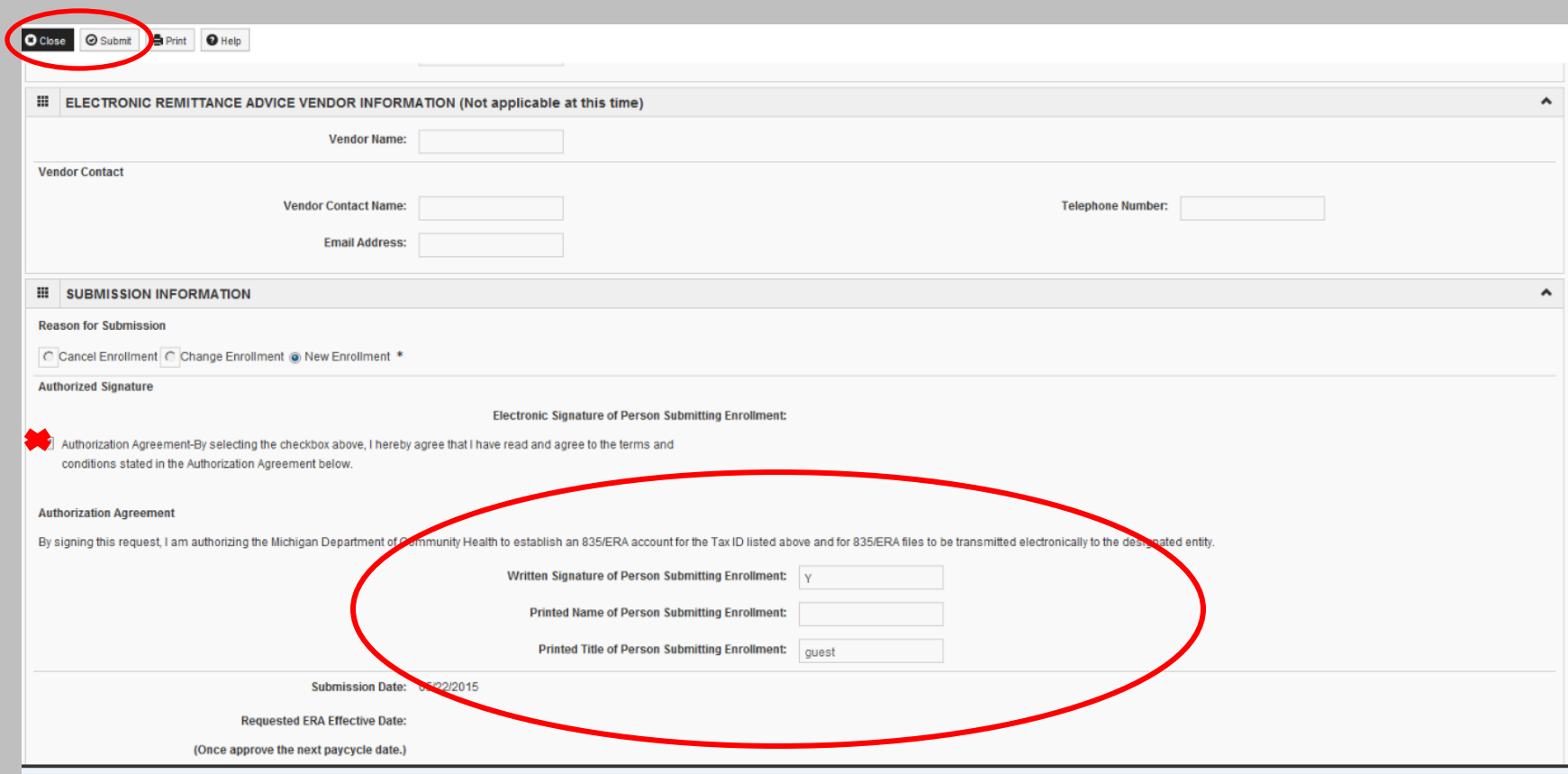
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Step 10: Complete 835/ERA



Close **Submit** **Print** **Help**

ELECTRONIC REMITTANCE ADVISE VENDOR INFORMATION (Not applicable at this time)

Vendor Name:

Vendor Contact

Vendor Contact Name: Telephone Number:

Email Address:

SUBMISSION INFORMATION

Reason for Submission

☐ Cancel Enrollment ☐ Change Enrollment ☒ New Enrollment *

Authorized Signature

Electronic Signature of Person Submitting Enrollment:

☒ Authorization Agreement-By selecting the checkbox above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

Authorization Agreement

By signing this request, I am authorizing the Michigan Department of Community Health to establish an 835/ERA account for the Tax ID listed above and for 835/ERA files to be transmitted electronically to the designated entity.

Written Signature of Person Submitting Enrollment:

Printed Name of Person Submitting Enrollment:

Printed Title of Person Submitting Enrollment:

Submission Date: 05/22/2015

Requested ERA Effective Date:

(Once approve the next paycheck date.)

- Checkbox to authorize the creation of an 835/ERA account then the signature portion will be populated.
- When complete, click **Submit** then **Close**.

Shortcut to Step:

1 2 3 4 5 6 7 8 9 10 11 12


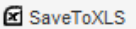






Business Process Wizard (BPW)

- You have completed Step 10: **835/ERA Enrollment Form**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 11: **Complete Enrollment Checklist** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required	06/16/2015	06/16/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	06/16/2015	06/16/2015	Complete	
Step 6: Associate Billing Agent	Required	06/16/2015	06/16/2015	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/16/2015	06/16/2015	Complete	
Step 8: Add Taxonomy Details	Required	06/16/2015	06/16/2015	Complete	
Step 9: Associate MCO Plan	Optional	06/16/2015	06/16/2015	Complete	
Step 10: 835/ERA Enrollment Form	Optional	06/16/2015	06/16/2015	Complete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1  Page Count : 1  Viewing Page: 1    

Shortcut to Step:

1

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12



Step 11: Complete Enrollment Checklist

Close Save

Provider Checklist

Question	Answer	Comments
Have you had any malpractice settlement, judgment, or agreement? If yes, dollar amount and dates are required.	Not Completed	
Do you need to request a Retroactive Enrollment Date? If Yes, enter the requested Retroactive Enrollment Date in the comment field to be considered.	Not Completed	
Are you currently excluded from any Illinois or other state program? If yes, provide state of exclusion and program.	Not Completed	
Are you currently excluded from any federal program? If yes, provide the program and date.	Not Completed	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date.	Not Completed	
Have you ever had a judgment under any false claims act? If yes, list judgment and date	Not Completed	
Have you ever had a program exclusion/debarment? If yes, provide program and date	Not Completed	
Have you ever had civil monetary penalty? If yes, provide penalty type and date.	Not Completed	
Do you have 5% or more ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in Add Ownership Details step.	Not Completed	

View Page: 1 Go Page Count: 1 SaveToXLS Viewing Page: 1 First Prev Next Last

- All questions must be answered either **Yes** or **No** and comments made if directed to do so, if a checklist item does not apply, select **No** as the answer.
- After all of the questions have been answered and comments made, click on the **Save** button in the upper left corner followed by clicking on the **Close** button.

Shortcut to Step:

[1](#)[2](#)[3](#)[4](#)[5](#)[6](#)[7](#)[8](#)[9](#)[10](#)[11](#)[12](#)

Business Process Wizard (BPW)



- You have completed Step 11: **Complete Enrollment Checklist**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 12: **Submit Enrollment Application for Approval** to continue your application.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	06/16/2015	06/16/2015	Complete	
Step 2: Add Locations	Required	06/16/2015	06/16/2015	Complete	
Step 3: Add Specialties	Required	06/16/2015	06/16/2015	Complete	
Step 4: Add License/Certification/Other	Required	06/16/2015	06/16/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	06/16/2015	06/16/2015	Complete	
Step 6: Associate Billing Agent	Required	06/16/2015	06/16/2015	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	06/16/2015	06/16/2015	Complete	
Step 8: Add Taxonomy Details	Required	06/16/2015	06/16/2015	Complete	
Step 9: Associate MCO Plan	Required	06/16/2015	06/16/2015	Complete	
Step 10: 835/ERA Enrollment Form	Optional	06/16/2015	06/16/2015	Complete	
Step 11: Complete Enrollment Checklist	Required	06/16/2015	06/16/2015	Complete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Go

Page Count : 1

SaveToXLS

Viewing Page: 1

<< First

< Prev

Next >

>> Last



Step 12: Submit Enrollment for Approval

Close Next

Final Submission

Application ID: 20150520803272

EnrollmentType: Group Practice (Corporation, Partnership, LLC, etc.)

The information submitted for enrollment shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
▲▼	▲▼	▲▼	▲▼
No Records Found !			

- Click **Next** to confirm that all of the information that you have submitted as a part of the application is accurate.

Shortcut to Step:



Step 12: Submit Enrollment for Approval

After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

Go to: <http://www.dhs.state.il.us/page.aspx?item=29741>.

Personal Assistant or Private Duty Certified Nurse Aide Providers

I, a Personal Assistant or Private Duty Certified Nurse Aide in the Medical Assistance Program agree, represent, and certify as follows:

1. I shall comply with all requirements set forth in the Home Services Customer/Provider Agreement (IL488-1947).
2. I shall not to discriminate in the provision of services based on the grounds of sex, race, color, national origin or disability.
3. I shall comply with the Personal Assistant requirements as set forth in 89 Ill. Adm. Code 686.10, or the Certified Nurse Aide requirements as set forth in 77 Ill. Adm. Code 395.
4. I shall voluntarily assign the responsibility for payment to me for the services I provide to customers of the Department of Human Services Division of Rehabilitation Services (DHS-DRS).
5. I shall accept payment from the State of Illinois for services provided, as payment in full.
6. I shall be accurate, complete and truthful in the completion of the HOME SERVICES TIME SHEET (L488-2251), and by signing the IL488-2251, I agree to be fully liable for the information the form contains (Any submission of false or fraudulent billing, or any concealment of information relevant to the payment of these bills may be prosecuted under applicable Federal and State laws).
7. I shall maintain a copy of the completed IL488-2251 and any other records related to the billing for services paid by the Division of Rehabilitation Services (These records must be maintained for at least three (3) years from the date the service was billed).
8. I shall notify DHS-DRS if there is an overpayment for any service provided and return any overpayment to the State of Illinois.
9. I agree that should the information provided be incomplete, inaccurate or falsified, it may be cause for my termination as a DHS-DRS provider under the Home Services Program.

Telepsychiatry and Group Psychotherapy Providers

Telepsychiatry and group psychotherapy service providers in the Illinois Medical Assistance Program agree, represent, and certify as follows:

1. I have completed either a general psychiatric residency program or a child/adolescent psychiatric residency program. I agree to provide HFS with the name of the program and the date on which I completed the program. I further agree that my acceptance of these Terms and Conditions certifies, under penalties of perjury, that the information I have provided on my residency program is true, accurate and complete.

Alcohol and Substance Abuse Providers

Alcohol and substance abuse providers in the Illinois Medical Assistance Program agree, represent, and certify as follows:

1. I shall notify Illinois Medical Assistance of any significant injury, suicide attempt or death at the facility, in order to allow Illinois Medical Assistance and the Department of Public Health to investigate the incident.
2. The Provider, if a substance abuse treatment and intervention provider per the definitions and requirements of 77 Ill. Admin. Code 2060 and 2090, agrees that it will maintain compliance with applicable parts of the then-effective Attachment C to the Department of Human Services Community Services Agreement (available via <http://www.dhs.state.il.us/page.aspx?item=29741>).

Community Mental Health Providers

Community Mental Health providers in the Illinois Medical Assistance Program agree, represent, and certify as follows:

1. The Provider, if a community mental health provider per the definitions and requirements of 59 Ill. Admin. Code 132, agrees that it will maintain compliance with applicable parts of the then-effective Attachment B to the Department of Human Services Community Services Agreement (available via <http://www.dhs.state.il.us/page.aspx?item=29741>).

☒ By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Trading Partner Agreement.

- Read through all of the terms and conditions.
- Check the box certifying that you agree to the terms and conditions.
- Then select **Submit Application**.

Shortcut to Step:

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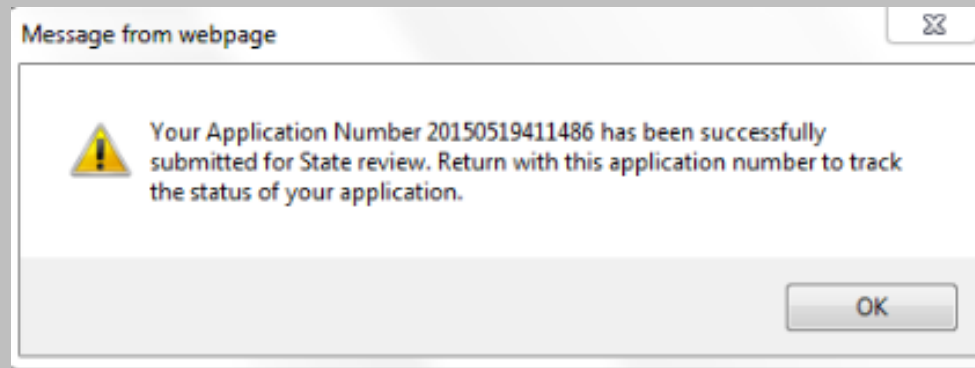
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- The below message will appear advising that the application has been submitted to the state for review. The application number can be used to check the status of the application by going through the track application option.
- Click **OK** in the message box.



Business Process Wizard (BPW)

- You have completed Step 12: **Submit Enrollment Application for Approval**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/22/2015	05/22/2015	Complete	
Step 2: Add Locations	Required	05/22/2015	05/22/2015	Complete	
Step 3: Add Specialties	Required	05/22/2015	05/22/2015	Complete	
Step 4: Add License/Certification/Other	Optional	05/22/2015	05/22/2015	Complete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	05/22/2015	05/26/2015	Complete	
Step 6: Associate Billing Agent	Optional	05/26/2015	05/26/2015	Complete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	05/26/2015	05/27/2015	Complete	
Step 8: Add Taxonomy Details	Required	05/26/2015	05/26/2015	Complete	
Step 9: Associate MCO Plan	Optional	05/26/2015	05/26/2015	Complete	
Step 10: 835/ERA Enrollment Form	Optional	05/26/2015	05/26/2015	Complete	
Step 11: Complete Enrollment Checklist	Required	05/26/2015	05/27/2015	Complete	
Step 12: Submit Enrollment Application for Approval	Required	05/27/2015	05/27/2015	Complete	

View Page: Page Count : 1 Viewing Page: 1

Shortcut to Step:



- For more information regarding IMPACT, please visit <http://www.illinois.gov/hfs/impact/Pages/AboutIMPACT.aspx>
- Check out the definitions of common terms at <http://www.illinois.gov/hfs/impact/Pages/Glossary.aspx>

- FAQ's can be found at <http://www.illinois.gov/hfs/impact/Pages/faqs.aspx> to help resolve common questions and problems when submitting applications.
- General questions regarding IMPACT can be addressed to:
 - Email: IMPACT.Help@Illinois.gov
 - Phone: 1-877-782-5565
 - Choose option 1 for IMPACT Help